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Under the Paperwork Reduction			Attorney D		20111-				
DECLARATION FOR UTILITY OR DESIGN			Number First Name	ed Inventor	GALLO	, Richard	-		
PATENT AF		N	COMPLETE IF KNOWN						
(37 CFR 1.63)			Application Number						
Declaration	Declara	tion	Filing Date						
Submitted OR With Initial	Submitted after Initial Filing (surcharge Art Unit								
Filing	(37 CFF	R 1.16 (e))	Examiner	Name	-		<i>)</i>		
	require	a)	Examinor						
I hereby declare that:									
Each inventor's residence, ma	iling address, a	ınd citizenship are a	as stated be	elow next to t	heir name	9.			
I believe the inventor(s) named	_						ed and for		
which a patent is sought on the									
BALLOON DEPLOYA	BLE STENT	AND METHO	DD OF U	SING THE	E SAM	=			
				•		•			
		(Title of the	Invention)						
the specification of which		•	·						
is attached hereto									
OR									
was filed on (MM/DD/YYYY) 05/27/2003 as United States Application Number or PCT International									
			1 4301110	га отатоз др	piloauoii		or international		
Application Number PCT/CA	2003/001676	and was amende	d on (MM/D	DYYYY)			(if applicable).		
I hereby state that I have revie			of the abov	e identified s	pecificati	on, including	the claims, as		
amended by any amendment	specifically refe	rred to above.							
I acknowledge the duty to discontinuation-in-part application									
and the national or PCT international	ational filing da	te of the continuation	on-in-part a	pplication.					
I hereby claim foreign priority inventor's or plant breeder's ri									
country other than the United	States of Amer	ica, listed below an	nd have also	o identified be	elow, by o	checking the	box, any foreign		
application for patent, inventor before that of the application o			ate(s), or a	ny PCT interr	national a	pplication hav	ving a filing date		
Prior Foreign Application		Foreign Filing		Priori		Certified C	opy Attached?		
Number(s)	Country	(MM/DD/YY	YY)	Not Clair	med 1	YES	NO [4]		
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	Application	Number	

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	GALLO, Richard
Title	BALLOON DEPLOYABLE STENT AND
Art Unit	
Examiner Name	
Attorney Docket Number	20111-27

I hereby appoint:		-							
Practitioners associated Number:	Practitioners associated with the Customer Number:								
OR									
Practitioner(s) named below:									
	Name Registration Number								
Louis Tessier			45	,289					
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as my/our attorney(s) or agent(Trademark Office connected th	(s) to prosecute the application identified a nerewith.	bove, and to	transact all busine	ess in the U	Inited States Patent and				
Please recognize or change the	e correspondence address for the above-i	dentified appl	ication to:						
The address associat	ted with the above-mentioned Customer N	umber:							
OR				7					
OR	ted with Customer Number:			J					
Firm or Individual Name	Louis Tessier								
Address	P.O. Box 54029	•							
City	Town of Mount-Royal	State	Quebec		Zip H3P 3H4				
Country	Canada	ı	<u> </u>		· · ·				
Telephone	(514) 990-3434	Fax	(514)736-2158						
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	aried Unicell			Date	X15 Juillet 2005				
Name TERRIA	AULT, Patrick			Telephone					
Title and Company									
NOTE: Signatures of all the invento signature is required, see below*.	ors or assignees of record of the entire interest of	r their represen	tative(s) are required	d. Submit mu	attiple forms if more than one				
*Total of	forms are submitted.								

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	Application Number	
DOMED OF ATTORNEY	Filing Date	

OWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	GALLO, Richard
Title	BALLOON DEPLOYABLE STENT AND
Art Unit	
Examiner Name	
Attorney Docket Number	20111-27

I here	by appoint:								
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	Practitioners associat Number:	ted with the Customer							
C	OR								
Practitioner(s) named below:									
	Name Registration Number								
	Louis Tessier		\neg		4	5,289			
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	/our attorney(s) or age mark Office connected	ent(s) to prosecute the application ident d therewith.	tified above	, and to	transact all busin	ess in the U	Jnited States Patent and		
Please	e recognize or change	e the correspondence address for the al	bove-identi	fied appl	lication to:				
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	OR	_				٦			
	The address associated or address as a second o	ociated with Customer Number:				<u> </u>			
\	Firm or Individual Name	Louis Tessier							
	Address	P.O. Box 54029							
	City	Town of Mount-Royal		State	Quebec	I	Zip H3P 3H4		
	Country	Canada							
	Telephone	(514) 990-3434		Fax	(514)736-2158				
am t	am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
		SIGNATURE of Appl	licant or A	ssignee	of Record				
Signat	ture	100				Date	19 A gust 200		
Name	BRAJ	VOVSKI, Vladimir				Telephone			
Title a	and Company								
	: Signatures of all the inve ure is required, see below	entors or assignees of record of the entire interval.	erest or their	r represen	ntative(s) are require	ed. Submit mu	ultiple forms if more than one		
	*Total of	forms are submitted.							

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DECLARATION — Utility or Design Patent Application

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correspondence to:	e address sociated with istomer Numbe	r:					OR	V	Correspondence address below
Name			-						·
Louis Tessier									
Address					-				
P.O. Box 54029									
City				State					ZIP
Town of Mount-Royal				Quebe	С				H3P 3H4
Country		Telephone		-			Fax		•
Canada		(514) 990-343	4				(514)	736-215	8
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	e true; and fur de are punisha	ther that the ble by fine or	se stat impriso	ement nment	s we	ere made both, und	with er 18	the kno	owledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		A pe	etition	has I	been filed	for thi	s unsia	ned inventor
Given Name (first and middle [i	f any])			Family Name or Sur					
Richard						GALLO	•		
Inventor's Signature	ue.								Date 28-04-05
Residence: City	State			Coun	try			Citize	nship
Montreal	Quebec						Canadia	·	
Mailing Address 31, de l'Orée du Bois						· · ·			
City	State				Zip				Country
Montreal	Quebec				H3E	2A1		l	Canada
NAME OF SECOND INVENTO	R:				Α	petition ha	as bee	n filed t	for this unsigned inventor
Given Name (first and middle [i	f any])					Family Na			
Patrick		01			Ŀ	[ERRIAUL	<u></u>		
Inventor's Signature	Moss	M							Date √2005-07-15
Residence: City	State	7		Coun	•			Citize	
Verdun	Quebec			Canad	a (CAX		Canadi	an
Mailing Address 1754 Parkdale									
City	State	-			Zip	·		Count	гу
Verdun	Quebec	H4H 3R9 Canada						1	
Additional inventors or a legal re	presentative are be	ing named on the	1 s	uppleme	ntal s	heet(s) PTO	SB/02A	or 02LR	attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1						
Name of Additional Joint Inventor, if any	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any))	Family Name or Surname						
Vladimir		BRAILOVSKI	-		A 1		
Inventor's Signature			<u> </u>	Date	August 2005		
Montreal Residence: City	Quebec State		nada CAX	Canadi Citize			
31 10, Kirkfield		•					
Mailing Address							
Montreal City	Quebec State		H3R 2E6	Canada			
Name of Additional Joint Inventor, if any			Zip	Coun	<u> </u>		
Given Name (first and middle (if any))	A petition has been filed for this unsigned inventor						
Given Name (mst and middle (ii any))		Family Name or Surname					
Inventor's Signature		- l		Date			
Residence: City	State		Country		Citizenship		
Mailing Address							
City	State		Zip	Count	try		
Name of Additional Joint Inventor, if any	:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature	Date						
Residence: City	State		Country		Citizenship		
rosasilo. Ony	Lountry		Сишеніsпір				
Mailing Address							
City	State		Zip	Count	.n.		

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